

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 South Evergreen Park Drive SW, PO Box 47250
Olympia Washington 98504-7250
Phone (360) 664-1222
Fax (360) 586-1181

APPLICATION FOR BUS CERTIFICATE

Fee: \$150.00

CID _____ Reception NO. _____ Application No. _____
230-01

Date Received _____ Amount \$ _____ Additional Permit _____

Fitness _____ Rates _____ Schedule _____ Insurance _____

Application is made to the Washington Utilities and Transportation Commission for a Certificate of Public Convenience and Necessity, as provided in Chapter 81.68 RCW.

APPLICATION

Fee - \$150

(Check One Only) ☐ ORIGINAL ☐ EXTENSION

NOTE: APPLICATION MUST BE COMPLETED IN FULL. ☐ INDIVIDUAL ☐ PARTNERSHIP
☐ CORPORATION

1. NAME OF APPLICANT _____
(Must correspond with name on insurance policy)
2. D/B/A: _____
3. MAILING _____ PHYSICAL _____
ADDRESS ADDRESS

BUSINESS TELEPHONE NUMBER () _____ FAX NUMBER () _____

UBI # _____ E-MAIL _____

4. IF APPLICANT IS A **CORPORATION**, LIST NAME, TITLES, AND PERCENTAGE OF STOCK OF PRINCIPAL SHAREHOLDERS. IF APPLICANT IS A **PARTNERSHIP**, LIST NAMES, ADDRESSES, AND PERCENTAGE OF INTEREST OF ALL PERSONS HAVING AN EQUITY IN THE BUSINESSES:

5. Will an attorney be representing you at the hearing? ☐ Yes ☐ No

If yes, list specific attorney's name: _____

Phone No. _____ Address: _____

6. If the Commission assigns this application for formal hearing, applicant will present approximately _____ witnesses at the hearing. Estimate how much time your presentation will take. _____

7. Describe your proposed route using state or county highway numbers, AND attach a detailed map or sketch showing the proposed route or area.

(NOTE: This statement may be a separate attachment labeled "7").

8. Is this an application for extension of your present route? ☐ Yes ☐ NO
If yes, attach a copy of your current certificate.

9. Attach two copies of your proposed tariff, which shows both the rates or fees to be charged for service and rules and regulations which govern how they will be assessed.

10. Attach two copies of your proposed time schedule and route, naming all service points.

11. State fully the conditions that justify the Commission granting you a certificate.

(NOTE: This statement may be a separate attachment labeled "11")

12. List the terminal facilities you propose to use at each of the named points on your proposed route.

(NOTE: This statement may be a separate attachment labeled "12")

13. You must submit, prior to issuance of a certificate to operate as an Auto Transportation Company, a Form "E" Certificate of Insurance issued by an insurance company authorized to write insurance in the state of Washington.

14. List the names and addresses of all other transportation providers currently furnishing similar service by means of motor coach, railroad or boat lines, between any of the points or along any portion of the route you propose to serve.

(NOTE: This statement may be a separate attachment labeled "14")

15. Complete the following financial data*:

| ASSETS | | LIABILITIES | |
|--------------------------|----|--|----|
| Cash in Bank and on hand | \$ | Salaries/Wages Payable | \$ |
| Notes Receivable | \$ | Accounts Payable | \$ |
| Accounts Receivable | \$ | Notes Payable | \$ |
| Investments | \$ | Mortgages Payable | \$ |
| Other Current Assets | \$ | Contracts and Bonds Payable | \$ |
| Prepaid Expenses | \$ | Other | \$ |
| Land and Buildings | | TOTAL LIABILITIES | \$ |
| Equipment (buses) | \$ | NET WORTH | |
| Office Furniture | \$ | Preferred Stock | \$ |
| Other Equipment | \$ | Common Stock | \$ |
| Other Assets | \$ | Retained Earnings | \$ |
| | \$ | Capital | \$ |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES AND NET WORTH | \$ |

*Enclose Balance Sheet and Profit and Loss Statement, if available, and label it "15"

16. Complete the following statement of equipment to be used in connection with proposed service or attach equipment list with the appropriate information.

| LICENSE NUMBER | YEAR AND MAKE OF VEHICLE | SERIAL NUMBER (VEHICLE IDENTIFICATION NUMBER) | SEATING CAPACITY |
|----------------|--------------------------|--|------------------|
| | | | |
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(NOTE: This information may be an attachment labeled "16").

17. SAFETY COMPLIANCE REVIEW AND QUESTIONNAIRE:

GENERAL

Do you have a copy of the laws and rules relating to auto transportation companies?..... **YES** **NO** **N/A**

Have you been cited within the last three years by the Commission for violations of its rules or laws?.....

If Yes, explain: _____

Are you familiar with the state passenger carrier safety rules?.....

Will management review the carrier's compliance status on a periodic basis?..... ☐ ☐ ☐

NOTIFICATION AND REPORTING OF ACCIDENTS

YES NO N/A

Are you familiar with the Commission accident reporting rule? ☐ ☐ ☐

Will you take any action against drivers involved in preventable accidents?..... ☐ ☐ ☐

PART 391 - QUALIFICATION OF DRIVERS

YES NO N/A

Do you have written hiring policies/procedures that are being followed when hiring new drivers?..... ☐ ☐ ☐

Are oral interviews conducted with new drivers to verify information submitted on their applications?.. ☐ ☐ ☐

Will you have a system established to ensure drivers' medical certificates remain current?... ☐ ☐ ☐

Will you verify that physicians completing medical certifications are knowledgeable about the instructions for performing and recording driver physical examinations?..... ☐ ☐ ☐

Will you review the results of the health history and physical examination?..... ☐ ☐ ☐

Will you have a system established that will ensure drivers' operating licenses remain current?..... ☐ ☐ ☐

Will you have a system established that will ensure drivers' annual reviews and annual record of violations remain current?..... ☐ ☐ ☐

Will you comply with the road test provisions of Section 391.31?..... ☐ ☐ ☐

Can you maintain and produce complete driver qualification files on drivers?..... ☐ ☐ ☐

PART 392 - DRIVING OF MOTOR VEHICLES

YES NO N/A

Do you have established procedures concerning the use of alcohol and drugs?..... ☐ ☐ ☐

Do you have a policy for monitoring speed?..... ☐ ☐ ☐

PART 395 - HOURS OF SERVICE OF DRIVERS

YES NO N/A

Can you explain the hours of service limitations, i.e., 10, 15, 60 in 7, 70 in 8?..... ☐ ☐ ☐

Will you file records of duty status in systematic manner?..... ☐ ☐ ☐

Will drivers be required to complete recaps of their records of duty status?..... ☐ ☐ ☐

Will dispatchers be aware of drivers' hours of service prior to trip?..... ☐ ☐ ☐

Will other independent records be compared to drivers records of duty status for accuracy?..... ☐ ☐ ☐

Will you have a system for recording hours of duty status on 100 mile radius drivers?..... ☐ ☐ ☐

Will you have a disciplinary policy for noncompliance with Part 395?..... ☐ ☐ ☐

PART 396 - INSPECTION, REPAIR AND MAINTENANCE

YES NO N/A

Will you have written procedures explaining a systematic, periodic maintenance program?..... ☐ ☐ ☐

Will you periodically review maintenance records for all equipment?..... ☐ ☐ ☐

Will you comply with the vehicle inspection procedure?..... ☐ ☐ ☐

PART 396 – INSPECTION, REPAIR AND MAINTENANCE (con't)

YES NO N/A

Will you train drivers to perform pre-trip inspections?..... _____

Will you maintain the prior three months vehicle inspection reports on a vehicle?..... _____

Will you maintain a complete maintenance file on all vehicles?..... _____

The applicant understands that the filing of this application does not in itself constitute authority to operate; that he/she is familiar with the law and the rules of the Washington Utilities and Transportation Commission governing Auto Transportation Companies and promises strict compliance therewith.

Dated at: _____, Washington, _____.
(City or Town) (Month/Day/Year)

(Name of applicant)

By: _____
(Signature)

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

(Date and Place)

(Signature)